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ATTORNEYS FOR PLAINTIFFS

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Frank Foster, Phillip Wamock,  
individually, on behalf of all others  
similarly situated, and on behalf of the  
general public,

Plaintiffs,

vs.

Nationwide Mutual Insurance Company,

Defendant.

Case No: 3:07-cv-04928-SI

**NOTICE OF CONSENT FILING**

PLEASE TAKE NOTICE, that pursuant to 29 U.S.C. § 216, Plaintiffs hereby file the  
attached Consent Form(s) for the following person(s):

Williams Michelle

1 Dated: October 30, 2007

s/ Matthew Helland

2 **NICHOLS KASTER & ANDERSON, LLP**  
3 Matthew C. Hallend, CA State Bar No. 250451  
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ATTORNEYS FOR PLAINTIFFS

**CERTIFICATE OF SERVICE**

Foster et al v. Nationwide Mutual Insurance Company  
**Case No.3:07-cv-04928-SI**

I hereby certify that on October 30, 2007, I caused the following document(s):

**Notice of Consent Filing**

to be served via ECF to the following:

Andrew J. Voss  
Littler Mendelson, P.C.  
80 South Eighth Street  
1300 IDS Center  
Minneapolis, MN 55402

Dated: October 30, 2007

s/ Matthew C. Helland

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**ATTORNEYS FOR PLAINTIFFS**

REDACTED

**CONSENT FORM AND DECLARATION**

I hereby consent to join a lawsuit against Nationwide Insurance as a Plaintiff to assert claims against it for violations of the wage and hour laws of the United States and/or the state(s) where I worked for Nationwide Insurance. During the past three years, there were occasions when I worked over 40 hours per week for Nationwide Insurance and did not receive overtime compensation. I worked for Nationwide Insurance as a (please check all that apply):

- ☒ Special Investigator
- ☐ Senior Special Investigator
- ☐ Special Investigator I
- ☒ Special Investigator II
- ☐ Special Investigator III

Approximate Dates of Employment 6-30-03 to Present

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

*Michael Williams* 10-29-07  
Signature Date

REDACTED

**Fax or Mail To:**

**Paul Lukas  
Nichols Kaster & Anderson, PL  
4600 IDS Center, 80 S. 8<sup>th</sup> Street  
Minneapolis, MN 55402  
FAX (612) 215-6870**

**CONSENT AND DECLARATION**